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PATENT
81754.0021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kazunobu KUWAZAWA

Serial No: 09/544,392

Filed: April 6, 2000

For: Semiconductor Device and Method
of Manufacturing the Same

Group Art Unit: 2814

Examiner: Not Assigned

#4/CFR
11/28/00
V3

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Date of Deposit

William H. Wright

Name

October 10, 2000

Signature

Date

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Request is hereby made for correction of the filing receipt (copy enclosed) for
the above-identified application. Please note that in the title, the word "**FOR**" must
be changed to the word "**OF**".

Also in the **Applicant(s)** section, the inventor's last name is spelled
incorrectly. It should read "**KUWAZAWA**".

- ☐ It is believed this is applicant's error, and accordingly, a fee of \$25 is
enclosed. If any adjustment to the fee is required, please charge it to Deposit
Account No. 50-1314 of the undersigned attorney's firm.
- ☒ It is believed this is a Patent Office error, and accordingly, no fee is enclosed.
However if a fee should be required, please charge it to Deposit Account
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A copy of this Request is enclosed.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

Date: October 10, 2000

By: 

William H. Wright

Registration No. 30,312

Attorney for Applicant(s)

500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
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Page 1 of 3
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/544,392	04/06/2000	2814	3586	005317-20069	24	1	1

Louis A Mak
500 South Grand Avenue Suite 1900
Los Angeles, CA 90071

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DOCKETING

FILING RECEIPT



OC000000005421060

Date Mailed: 09/22/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) KUWAZAWA
Kazunobu ~~Kawasawa~~, Suwa-shi, JAPAN;

Continuing Data as Claimed by Applicant

Foreign Applications

JAPAN 11-099033 04/06/1999
JAPAN 2000-102083 04/04/2000

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If Required, Foreign Filing License Granted 06/23/2000

Title

Semiconductor device and method ^{of} for manufacturing the same

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Preliminary Class

257

Data entry by : MIDDLETON, MATTIE

Team : OIPE

Date: 09/22/2000



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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

SERIAL NUMBER 09/544,392	FILING DATE 04/06/2000 RULE -	CLASS 257	GROUP ART UNIT 2814	ATTORNEY DOCKET NO. 005317-20069	
APPLICANTS Kazunobu Kuwazawa, Suwa-shi, JAPAN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** JAPAN 11-099033 04/06/1999 JAPAN 2000-102083 04/04/2000 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/23/2000 -					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 24	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
ADDRESS - Louis A Mak 500 South Grand Avenue Suite 1900 Los Angeles ,CA 90071					
TITLE Semiconductor device and method of manufacturing the same					
FILING FEE RECEIVED 3586	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		